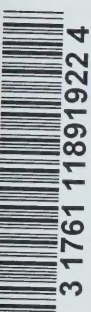


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ONTARIO INSURANCE COMMISSION

DISPUTE RESOLUTION PRACTICE CODE

July 20, 1990

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DISPUTE RESOLUTION

PRACTICE CODE

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FORMS

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PART A - MEDIATION

1. **Application for Appointment of a Mediator**

- 1.1 Either the insured person or the insurer, under subsection 242b (1) of the Insurance Act, may access the mediation process where there is any matter in dispute in respect of the insured person's entitlement to no-fault benefits or in respect of the amount of no-fault benefits to which the insured person is entitled.
- 1.2 The party seeking mediation shall file with the Commission,
- (a) an **Application for Appointment of a Mediator**, and
 - (b) a copy of the insurer's written assessment of the claim provided by the insurer to the insured person, if any.
- 1.3
- (a) The **Application for Appointment of a Mediator** shall be in Form 1.
 - (b) Form 1 shall include a general description of the matters and issues in dispute.
 - (c) Where the **Application** is made by the insurer, the insurer shall include the name, address and telephone number of the representative authorized to bind the insurer.

2. **Appointment of a Mediator**

- 2.1 Upon receipt of an **Application for Appointment of a Mediator**,
- (a) the Commission shall provide a copy of the **Application** to the other parties; and
 - (b) the Director shall appoint a mediator.
- 2.2 Where the **Application** is made by the insured person, the insurer, upon receipt of the **Application**, shall provide the Commission with,
- (a) the name, address and telephone number of the representative authorized to bind the insurer; and
 - (b) a copy of the insurer's written assessment of the claim, if it was not included with the **Application**.

3. The Mediation Process

- 3.1 A mediator, under subsection 242b (4) of the Insurance Act, is required to enquire into the issues in dispute and attempt to effect a settlement of as many of the issues as possible.
- 3.2 Mediation services may be provided over the telephone or in person or in any other manner as may be appropriate in the circumstances in the opinion of the mediator.
- 3.3 Subject to Section 6.1, all statements made during mediation are made without prejudice to any position the parties may wish to take subsequently in any court proceeding or the arbitration process.

4. Time Limits for the Completion of Mediation

- 4.1 Subject to Section 4.2, a mediator is required to attempt to effect a settlement of a dispute within sixty (60) days after the date on which the **Application for Appointment of a Mediator** is filed.
- 4.2 The parties,
 - (a) may agree to extend the time for the completion of the mediation process, even if the time for completion has expired; and
 - (b) where there is an extension of time, shall inform the Commission of the extension, and confirm it in writing.

5. Failure of Mediation

- 5.1 Mediation has failed with respect to an issue when no settlement has been reached and,
 - (a) the mediator, being of the opinion that mediation will fail, gives notice to the parties to that effect;
 - (b) the time limit set out in Section 4.1 or the agreed time as provided in Section 4.2 for mediation has expired; or
 - (c) the insured person makes a request for a **Report of Mediator** indicating that mediation has failed.

6. Report of Mediator

- 6.1 If all or any of the issues in dispute are resolved,
- (a) the mediator shall record in the **Report of Mediator** the issues that have been settled, and the amounts that have been agreed upon, including any applicable interest; and
 - (b) the parties shall confirm all settlements and agreements set out in the **Report**.
- 6.2 If mediation fails,
- (a) the insurer shall provide in writing to the mediator the last offer of settlement of the insurer on any issue that remains in dispute; and
 - (b) the mediator shall describe in the **Report of Mediator** the issues that remain in dispute and shall include the last offer of settlement of the insurer.
- 6.3
- (a) The **Report of Mediator** shall be in Form 2.
 - (b) The parties shall confirm settlements and agreements as required under Section 6.1 in Form 3.
- 6.4 The Commission shall provide a copy of the **Report of Mediator** to the parties.

7. Obligations of Insurer

- 7.1 If mediation fails, the insurer, under subsections 242c (3) and (4) of the Insurance Act, shall pay,
- (a) no-fault benefits in accordance with the last offer of settlement that it had made before the failure, until otherwise agreed by the parties or until otherwise ordered by a court, an arbitrator or the Director; and
 - (b) a no-fault benefit that the insurer is required to pay under subsection 232 (8) of the Insurance Act in accordance with the last offer made by the insurer before the failure, until otherwise agreed by the parties or until otherwise ordered by a court, an arbitrator or the Director, if the insured has not commenced a proceeding in a court or an arbitration proceeding within forty-five (45) days after the day mediation failed.

PART B - ARBITRATION

8. Application for Appointment of an Arbitrator

- 8.1 Provided that mediation has first been sought and has failed, an insured person, under subsections 242c (1) and (2) of the Insurance Act, may,
- (a) bring a proceeding in a court; or
 - (b) access the arbitration process.
- 8.2 An insured person seeking arbitration shall,
- (a) file with the Commission an **Application for Appointment of an Arbitrator**, and
 - (b) pay a filing fee of fifty dollars (\$50).
- 8.3
- (a) The **Application for Appointment of an Arbitrator** shall be in Form 4.
 - (b) Form 4 shall include a description of the issues upon which the **Application** is based, including the reasons for contesting the insurer's denial of benefits, and a description of the remedy sought by the insured person.
 - (c) The insured person may include a response to the issues set out in the **Report of Mediator**.
- 8.4 The failure of an insured person to raise an issue or other matter in the **Application for Appointment of an Arbitrator**, or a **Reply** made under Section 12, and which is not set out in the **Report of Mediator**, may result in a delay in having a matter arbitrated.

9. Appointment of an Arbitrator

- 9.1 Upon receipt of an **Application for Appointment of an Arbitrator**,
- (a) the Commission shall provide a copy of the **Application** to the other parties; and
 - (b) the Director shall appoint an arbitrator.

- 9.2 A party, under subsection 242d (12) of the Insurance Act, may apply to the Director for the appointment of a new arbitrator if the party believes that the arbitrator is biased and the Director shall determine the issue.

10. The Arbitration Process

- 10.1 An arbitrator, under subsection 242d (3) of the Insurance Act, is required to determine all issues in dispute and such other issues as the parties may agree.
- 10.2 (a) An arbitration must be by way of oral hearing unless the parties waive their rights to an oral hearing of the arbitration.
- (b) A party must waive their rights to an oral hearing of the arbitration in writing.
- 10.3 An arbitration proceeding, under subsection 242c (5) of the Insurance Act, must be commenced within two (2) years after the insurer's refusal to pay the benefit claimed or within such longer period as may be provided in the No-Fault Benefits Schedule.
- 10.4 Each insurer that is a party to the arbitration shall pay one thousand dollars (\$1000) in respect of the arbitration.

11. Response by Insurer

- 11.1 The insurer shall complete and serve a **Response** on the insured person and any other parties within fourteen (14) days of having received the **Application for Appointment of an Arbitrator**.
- 11.2 The **Response by Insurer** shall be in Form 5.
- (b) Form 5 shall include,
- (i) a response to the issues raised by the insured person in the **Application**, including the reasons for the insurer's denial of benefits;
- (ii) a description of the remedy sought by the insurer; and
- (iii) a response to the issues set out in the **Report of Mediator**;
- (iv) a statement whether the insurer waives an oral hearing of the arbitration.
- (c) An insurer shall respond to all issues and other matters raised in the **Application for Appointment of an Arbitrator** and to the issues set out in the **Report of Mediator**.
- (d) An insurer will not be permitted to raise an issue or other matter not set out in the **Response** or **Report of Mediator** except with leave of the arbitrator.

11.3 The insurer shall file the **Response** and proof of service with the Commission.

12. Reply by Insured Person

12.1 Within ten (10) days of having been served with the **Response**, the insured person,

- (a) may file a **Reply** to the **Response** of the insurer; or
- (b) shall file a **Reply** to the **Response** if the parties have waived an oral hearing of the arbitration.

12.2 Where the insured person makes a **Reply**, he or she shall serve the **Reply** on the insurer and any other parties and shall file proof of service with the Commission.

12.3 (a) The **Reply by Insured Person** shall be in Form 6.

- (b) Form 6 shall include a reply to each issue and other matter raised in the **Response**, and a statement whether the insured person waives an oral hearing of the arbitration.

13. Time Limits for the Completion of the Arbitration

13.1 If the parties waive an oral hearing of the arbitration,

- (a) the arbitrator may request further materials or written submissions on any issue or matter in the dispute from the parties, and if the arbitrator does so, he or she is required,
 - (i) to make the request within thirty (30) days after the last day on which the insured person is entitled to file a **Reply**, and
 - (ii) to complete the arbitration on the later of, thirty (30) days after the last day on which the insured person is entitled to file a **Reply**, and fifteen (15) days after the last day on which the parties are required to file their further materials or written submissions; or
- (b) the arbitrator is required to complete the arbitration within thirty (30) days after the last day on which the insured person is entitled to file a **Reply**.

13.2 If the parties have not waived an oral hearing of the arbitration,

- (a) the Director shall set a date for the oral hearing of the arbitration which shall not be more than sixty (60) days after the last day on which the insured person is entitled to file a **Reply**; or

- (b) where the Director is satisfied that necessary medical and rehabilitation evidence will not be available within the time frame set out in (a), the Director shall set a date for the oral hearing of the arbitration when the necessary evidence will be available.

13.3 The arbitrator shall make the arbitration order promptly following the date the arbitration is completed and submit it to the Commission.

14. Waiver of Oral Hearing of the Arbitration

14.1 Where the parties have waived an oral hearing of the arbitration, the arbitrator,

- (a) may request the parties to file with the Commission further materials or written submissions on any issue or matter in the dispute;
- (b) shall make the arbitration order based on the materials and submissions filed with the Commission.

14.2 (a) The arbitrator may proceed with an arbitration even though a party has failed to file further materials or written submissions if the arbitrator is satisfied that the party has received the request for further materials or written submissions.

- (b) An arbitration order shall not be made against a party solely on the failure of a party to submit further materials or written submissions.

15. Notice of Arbitration Hearing

15.1 (a) The Commission shall give the parties notice of an oral hearing of the arbitration.

- (b) The **Notice of Arbitration Hearing** shall include,

- (i) the date, time, place and purpose of the hearing;
- (ii) the name of the arbitrator;
- (iii) a reference to the authority under which the hearing will be held; and
- (iv) a statement that, if the party notified fails to submit materials and submissions or to attend at the hearing, the arbitrator may proceed and dispose of the case in the party's absence and he or she will not be entitled to any further notice of the arbitration proceedings.

15.2 (a) Once a date has been set for a hearing and a **Notice** has been issued, a party may request an adjournment of the hearing by filing a request in writing with the Commission.

- (b) The Director may decide the matter, or he or she may direct an arbitrator to determine the request.
- (c) The Director, or the arbitrator, may determine the request on the record.

- 15.3 (a) Where a **Notice** has been given to a party and the party does not attend at the hearing, the arbitrator may proceed with the arbitration in the absence of the party and he or she is not entitled to any further notice in the proceedings.
- (b) An arbitration order shall not be made against a party solely on the failure of a party to attend at the hearing.

16. Consolidation and Severability of Applications

- 16.1 Where the Director, or arbitrator, considers it advisable, or where the parties agree and the Director, or arbitrator, approves, the Director, or arbitrator, may order that two or more **Applications for Appointment of an Arbitrator** be consolidated, or be heard together, on such terms and conditions as the Director, or arbitrator, may direct.
- 16.2 In determining whether **Applications** should be consolidated, or be heard together, the Director, or arbitrator, shall consider,
 - (a) whether each **Application** arises out of the same incident;
 - (b) whether the **Applications** have questions of fact or law in common; and
 - (c) such other matters as the Director, or arbitrator, may consider proper in the circumstances.
- 16.3 Where the Director, or arbitrator, considers it advisable, or where the parties agree and the Director, or arbitrator, approves, the Director, or arbitrator, may order that an **Application for Appointment of an Arbitrator** be severed into distinct issues whereby the arbitrator can make an arbitration order with respect to each distinct issue in dispute separately from the other issues in dispute.
- 16.4 In determining whether the **Application** should be severed, the Director, or arbitrator, shall consider,
 - (a) whether having to deal with all issues in dispute in a single hearing causes any benefit or prejudice to the parties; and

- (b) such other matters as the Director, or arbitrator, may consider proper in the circumstances.

16.5 Where more than one order is issued under Section 16.3 with respect to an **Application**, then each order shall stand on its own for purposes of an appeal, a variation/revocation proceeding, or judicial review.

17. Pre-Hearing Discussion

17.1 (a) The Director may require the parties to participate in a pre-hearing discussion for the purpose of,

- (i) identifying and obtaining agreement as to the issues for arbitration;
- (ii) obtaining agreement as to facts;
- (iii) ensuring the exchange of all relevant documents;
- (iv) resolving by agreement any preliminary objections and procedural problems;
- (v) attempting to settle the dispute; and
- (vi) dealing with any other matter which may arise.

(b) A pre-hearing discussion may be chaired by the arbitrator named in the **Notice of Arbitration Hearing** or some other arbitrator as the Director may decide.

(c) A pre-hearing discussion may be held by telephone or in person or in any other manner as may be appropriate in the circumstances in the opinion of the arbitrator.

(d) Only persons authorized to enter into a memorandum of agreement may participate in the pre-hearing discussion.

17.2 A memorandum of agreement shall include the matters dealt with at the pre-hearing discussion, and where a dispute is settled, a settlement order may be issued.

17.3 The Commission shall provide a copy of the memorandum of agreement to the parties.

18. Evidence

18.1 The arbitrator shall judge the relevancy and materiality of the evidence offered, and conformity to legal rules of evidence is not necessary.

18.2 Notwithstanding Section 18.1, the arbitrator shall not admit evidence at a hearing,

- (a) that would be inadmissible in a court by reason of any privilege under the law of evidence; or
- (b) that is inadmissible under the Insurance Act.

18.3 A party who intends to introduce at a hearing a report by an expert shall file a copy of the report with the Commission, and serve a copy on the other parties not less than seven (7) days before the first day of hearing, or upon such terms of notice as the arbitrator may direct, and shall include the name, address and qualifications of the expert who prepared the report.

18.4 A party who intends to call an expert witness at a hearing shall notify the Commission and the other parties not less than seven (7) days before the first day of hearing, or upon such terms of notice as the arbitrator may direct, of,

- (a) the name of the expert witness,
- (b) the subject matter of the witness' testimony, and
- (c) the substance of the facts and opinion to which the witness will testify.

18.5 Under section 6p of the Insurance Act,

- (a) for the purpose of exercising the powers and performing their duties, the arbitrator has the same power to summon and enforce the attendance of witnesses and compel them to give evidence on oath or otherwise, and to produce documents, records and things, as is vested in the Supreme Court of Ontario for the trial of civil actions;
- (b) an arbitrator may require to be made or may take and receive affidavits or depositions and may examine witnesses upon oath;
- (c) the evidence and proceedings in any matter before an arbitrator may be reported by a stenographer who has taken an oath before the person to report the evidence and proceedings faithfully;
- (d) an arbitrator may administer and certify an oath required under the Insurance Act.

19. Questions Related to the Medical Condition or Treatment of the Insured Person or Related to Rehabilitation

19.1 (a) The arbitrator, upon his or her own motion or at the request of a party, may pose questions to the Director related to the medical condition or treatment of the insured person or related to the insured person's rehabilitation.

- (b) The Director shall forthwith refer such questions to the Chair of the Medical and Rehabilitation Advisory Panel.

19.2 The Chair of the Medical and Rehabilitation Advisory Panel,

- (a) may seek clarification of the questions referred by the Director;
- (b) shall refer the questions to one or more medical/rehabilitation advisors who he or she considers qualified to conduct a medical or rehabilitation assessment, as the case may be.

19.3 The medical/rehabilitation advisor may,

- (a) request such further evidence as may be required in his or her opinion to answer the questions; and
- (b) examine the insured person if he or she considers an examination necessary, or if one is requested by the arbitrator through the Director.

19.4 (a) Where there is to be a medical or rehabilitation examination, such examination may be conducted,

- (i) in the general locale of the residence of the insured person; or
- (ii) at a place agreed upon by the parties and the medical/rehabilitation advisor.

- (b) Where the examination cannot be conducted in the general locale of the residence of the insured person or the parties and the medical/rehabilitation advisor cannot agree, the arbitrator shall determine the location of such examination.

- (c) The costs of any medical or rehabilitation examination shall be paid by the insurer.

19.5 (a) The medical/rehabilitation advisor shall submit a report to the Commission promptly after the question or questions were placed before him or her.

- (b) Upon receipt of the report, the Commission shall provide a copy of the report to the arbitrator and the parties.

19.6 A party who wishes to cross-examine the medical/rehabilitation advisor on his or her report shall notify the Commission and the other parties within seven (7) days of receiving the report.

19.7 No person, under subsection 242d (9) of the Insurance Act, shall use or provide copies of, or release information from, any report prepared by a

medical/rehabilitation advisor other than for the purpose of determining the claim in respect of which the arbitration was undertaken, except with the permission of the insured person.

20. Re-Opening of Hearing

- 20.1 The arbitrator may re-open a hearing at any time before he or she makes an arbitration order.
- 20.2 The Commission shall give the parties notice of the re-opening.
- 20.3 Section 15 shall apply with necessary modification with respect to the **Notice of Re-Opening**.

21. Arbitration Order

- 21.1 (a) The arbitrator, under subsection 242a (4) of the Insurance Act, shall determine issues before him or her by order and may make an order subject to such conditions as are set out in the order.
- (b) An order made by an arbitrator shall be in writing.
- 21.2 (a) An arbitration order, under subsections 242d (10) and (11) of the Insurance Act, may contain,
 - (i) an award for benefits and interest to which the insured person is entitled under the No-Fault Benefits Schedule;
 - (ii) an award of a lump sum where the arbitrator finds that an insurer has unreasonably withheld or delayed payments, of up to fifty percent (50%) of the amount to which the insured person was entitled at the time of the award under (i) together with interest on all amounts then owing to the insured (including unpaid interest) at the rate of two percent (2%) per month, compounded monthly, from the time the benefits first became payable under the Schedule; and
 - (iii) an award for expenses incurred by the insured person in respect of an arbitration proceeding as set out in Schedule 1 to this Code.
- (b) An arbitration order shall,
 - (i) state the issues in dispute, the decision and the reasons for the decision; and
 - (ii) be signed by the arbitrator.

- 21.3 Upon receipt of the arbitration order, the Commission shall provide a copy of the order to the parties.

22. Settlement Order

- 22.1 If the parties settle their dispute during the arbitration process, the arbitrator, at the request of the parties, shall issue a settlement order.
- 22.2 A settlement order shall,
- (a) contain,
 - (i) the terms of the settlement agreed to by the parties, and
 - (ii) a statement that the parties agree that the settlement is final and shall not be subject to an appeal, a variation/revocation proceeding, or judicial review; and
 - (b) be signed by the parties.
- 22.3 The arbitrator shall submit the settlement order to the Commission and provide a copy of the order to the parties.

23. Enforcement

- 23.1 At the request of the insured person, the Director, under subsection 242d (14) of the Insurance Act, shall file a copy of the arbitration order in the Supreme Court.

24. Obligations of Insurer

- 24.1 An insurer, under section 242i of the Insurance Act, shall not, after an arbitration order, reduce benefits to an insured person on the basis of an alleged change of circumstances, alleged new evidence or an alleged error, unless the insured person agrees or unless the Director so orders in an appeal under section 242e or the Director or an arbitrator so orders in a variation/revocation proceeding under section 242f.

PART C - APPEAL OF ARBITRATION ORDER

25. Notice of Appeal

- 25.1 A party to an arbitration, under subsection 242e (1) of the Insurance Act, may appeal an arbitration order to the Director.
- 25.2 The party seeking to appeal an arbitration order shall,
- (a) file with the Commission a **Notice of Appeal** and a copy of the arbitration order being appealed, and
 - (b) pay a filing fee of one hundred dollars (\$100).
- 25.3 (a) The **Notice of Appeal** shall be in Form 7.
- (b) Form 7 shall include,
- (i) a statement of the reasons for the appeal;
 - (ii) a description of the remedy sought, including the reasons for any stay of the arbitration order, if one is requested;
 - (iii) a list of the documents relied upon for the appeal; and
 - (iv) a statement whether the appellant requests an oral rehearing and, if one is requested, setting out the arguments in support of an oral rehearing.

26. Time Limits for the Filing and Service of an Appeal

- 26.1 Subject to Section 26.2, the appellant,
- (a) shall file the **Notice of Appeal** with the Commission and shall serve it on the parties to the arbitration within thirty (30) days after the date of the arbitration order, and
 - (b) shall file proof of service with the Commission.
- 26.2 (a) The Director, under subsection 242e (3) of the Insurance Act, may extend the time for requesting an appeal, either before or after the thirty (30) days, if the Director is satisfied that there are,
- (i) apparent grounds for granting relief to the person, and
 - (ii) reasonable grounds for applying for the extension.

- (b) The Director may give such directions as he or she considers proper where an extension is made under (a).

26.3 The appellant shall,

- (a) serve on the parties all the materials and submissions that the appellant intends to rely upon for the appeal within fifteen (15) days of filing its **Notice of Appeal**, and
- (b) file the materials and submissions and proof of service with the Commission.

27. Response to Appeal

- 27.1 A respondent shall serve a **Response to Appeal** on the appellant and any other parties within ten (10) days of being served with a **Notice of Appeal**.
- 27.2 The **Response to Appeal** shall contain a detailed response to all matters raised in the **Notice of Appeal**.
- 27.3 The respondent shall serve on the appellant and any other parties all the materials and submissions that the respondent intends to rely upon for the appeal within fifteen (15) days of receiving the appellant's materials and submissions under Section 26.3.
- 27.4 The respondent shall file the Response, the materials and submissions, and proof of service with the Commission.

28. Reply

- 28.1 The appellant,
 - (a) may serve on the parties any reply submissions within seven (7) days of receiving the respondent's materials and submissions under Section 27.3, and
 - (b) shall file any reply submissions and proof of service with the Commission.

29. The Appeal Process

- 29.1 (a) The Director, under subsection 6 (4) of the Insurance Act, may appoint a person to hold the appeal hearing on his or her behalf and to exercise the powers and perform the duties of the Director relating to such hearings.

- (b) An order made by a person appointed under (a) shall be an order of the Director.
- 29.2 The Director shall only consider those issues and matters that were the subject of the arbitration proceeding or that are included in the arbitration order being appealed.
- 29.3 Under subsection 242e (6) of the Insurance Act, an appeal does not stay the arbitration order unless the Director decides otherwise.
- 29.4 (a) The Director may determine the appeal,
- (i) on the record,
 - (ii) by way of a rehearing of all the issues before the arbitrator, or
 - (iii) partly on the record and partly by way of rehearing,
- as the Director in his or her opinion may decide.
- (b) The record includes the Notice of Appeal, the Response to Appeal, the Reply, the submitted materials and submissions, and the record of the arbitration proceeding.
- 29.5 (a) If after receipt of all materials and submissions the Director determines that a rehearing or an oral argument on specified issues is necessary in his or her opinion, the Commission shall give the parties at least ten (10) days notice of the rehearing or the oral argument.
- (b) The **Notice of Hearing** shall include,
- (i) the date, time, place and purpose of the rehearing or the oral argument;
 - (ii) the name of the hearing officer;
 - (iii) a reference to the authority under which the rehearing or the oral argument will be held; and
 - (iv) a statement that, if the party notified fails to submit materials and submissions or to attend at the rehearing or oral argument, the Director may proceed and dispose of the case in the party's absence and he or she will not be entitled to any further notice of the appeal proceedings.
- 29.6 (a) The Director may proceed with an appeal even though a party has failed to file materials or submissions if the Director is satisfied that the **Notice of Appeal** has been given to the party.
- (b) Where a **Notice of Hearing** has been given to a party, and the party does not attend at the rehearing or oral argument, the Director may proceed with the

appeal in the absence of the party and he or she is not entitled to any further notice in the appeal proceedings.

- (c) An order of the Director shall not be made against a party solely on the failure of a party to submit materials or submissions or to attend at a rehearing or oral argument.

29.7 Each insurer that is a party to an appeal shall pay five hundred dollars (\$500) in respect of the appeal.

30. Questions Related to the Medical Condition or Treatment of the Insured Person or Related to Rehabilitation

30.1 The Director, upon his or her own motion, may pose such questions related to the medical condition or treatment of the insured person or related to the insured person's rehabilitation.

30.2 Section 19 shall apply with necessary modification to any questions of the Director referred to in Section 30.1.

31. Interventions

31.1 Subject to this Section, persons who are not parties to the appeal may make submissions on issues of law arising in an appeal.

31.2 The Director may request persons who are not parties to an appeal to make submissions on issues of law arising in an appeal, and such participation shall be on such terms as the Director may direct in his or her order permitting the person to participate.

31.3 A person who wishes to make submissions on issues of law arising in an appeal shall complete and file with the Commission an **Application of Intervention**.

31.4 (a) An **Application of Intervention in an Appeal** shall be in Form 8.

- (b) Form 8 shall include the applicant's reasons for wishing to participate and make submissions on the issues of law set out in the **Application**, and the applicant shall enclose such documents as he or she intends to rely upon for the application.

31.5 The applicant shall serve the **Application** on the parties to the appeal and shall file proof of service with the Commission.

- 31.6 (a) A party may support or object to an **Application of Intervention** by filing comments with the Commission.
- (b) The comments shall include the party's reasons why the applicant should, or should not, be permitted to participate.
- (c) The party shall serve the comments on the applicant within three (3) days of receiving the **Application** under Section 31.5.

31.7 The Director,

- (a) may determine the **Application** on the record,
- (b) under subsection 242e (8) of the Insurance Act, may permit the applicant to make submissions on issues of law arising in an appeal, and
- (c) may impose such terms on the applicant as the Director considers appropriate.

32. Order of the Director

- 32.1 (a) The Director, under subsection 242a (4) of the Insurance Act, shall determine issues before him or her by order and may make an order subject to such conditions as are set out in the order.
- (b) An order made by the Director shall be in writing.
- 32.2 (a) An order of the Director, under subsection 242e (7) and subsections 242d (10) and (11) of the Insurance Act, may contain,
- (i) an award for benefits and interest to which the insured person is entitled under the No-Fault Benefits Schedule;
- (ii) an award of a lump sum where the Director finds that an insurer has unreasonably withheld or delayed payments, of up to fifty percent (50%) of the amount to which the insured person was entitled at the time of the award under (i), together with interest on all amounts then owing to the insured (including unpaid interest) at the rate of two percent (2%) per month, compounded monthly, from the time the benefits first became payable under the Schedule; and
- (iii) an award for expenses incurred by the insured person in respect of an appeal proceeding as set out in Schedule 1 to this Code.
- (b) An order of the Director shall,
- (i) state the issues in dispute, the decision and the reasons for the decision; and

(ii) be signed by the Director and submit to the Commission.

32.3 Upon receipt of the order of the Director, the Commission shall provide a copy of the order to the parties.

33. Settlement Order of the Director

33.1 If the parties settle their dispute during the appeal process, the Director, at the request of the parties, shall issue a settlement order.

33.2 Section 22 shall apply with necessary modification with respect to a settlement order made by the Director.

34. Enforcement

34.1 At the request of the insured person, the Director, under subsection 242e (9) of the Insurance Act, shall file a copy of his or her order in an appeal in the Supreme Court.

35. Obligations of Insurer

35.1 An insurer, under section 242i of the Insurance Act, shall not, after an order of the Director, reduce benefits to an insured person on the basis of an alleged change of circumstances, alleged new evidence or an alleged error, unless the insured person agrees or unless the Director or an arbitrator so orders in a variation/revocation proceeding under section 242f.

PART D - VARIATION/REVOCATION

36. Application for Variation/Revocation

- 36.1 Either the insured person or the insurer, under subsection 242f (1) of the Insurance Act, may apply to the Director to vary or revoke an arbitration order or an order of the Director.
- 36.2 A party seeking to have an arbitration order or an order of the Director varied or revoked shall,
- (a) file with the Commission an **Application for Variation/Revocation**, and
 - (b) pay a filing fee of one hundred dollars (\$100).
- 36.3 (a) The **Application for Variation/Revocation** shall be in Form 9.
- (b) Form 9 shall include the grounds for the variation or revocation, as the case may be, and the applicant shall enclose such documents as he or she intends to rely upon for the application.
- 36.4 The applicant shall serve the **Application** on the other parties and shall file proof of service with the Commission.

37. Response to the Application for Variation/Revocation

- 37.1 A party served with an **Application for Variation/Revocation**,
- (a) may file with the Commission a **Response to the Application for Variation/Revocation** and shall serve it on the applicant within ten (10) days of receiving the **Application** under section 36.4; and
 - (b) shall file proof of service with the Commission.

38. Reply

- 38.1 The appellant shall,
- (a) serve on the parties the reply submissions, if any, within seven (7) days of receiving the **Response** under Section 37, and
 - (b) file the reply submissions with the Commission.

39. The Variation/Revocation Process

- 39.1 (a) An **Application for Variation/Revocation** may be dealt with by,
- (i) the Director,
 - (ii) the arbitrator who made the arbitration order, or
 - (iii) some other arbitrator,
- as the Director may decide.
- (b) The Director, under subsection 6 (4) of the Insurance Act, may appoint a person to hold the variation/revocation proceeding on his or her behalf and to exercise the powers and perform the duties of the Director relating to such hearings.
- (c) Despite (a), an arbitrator, under section 242h of the Insurance Act, cannot vary or revoke an arbitration order and cannot replace an arbitration order if the arbitration order is under appeal.
- 39.2 The Director or arbitrator, as the case may be, may decide the **Application** on the basis of the written submissions or, at his or her discretion, may require an oral hearing.
- 39.3 Where there is to be an oral hearing, the Commission shall give the parties at least ten (10) days notice of the hearing.
- 39.4 Each insurer that is a party to a variation/revocation proceeding shall pay five hundred dollars (\$500) in respect of the variation/revocation proceeding.

40. Order

- 40.1 Where the Director or arbitrator, as the case may be, is satisfied that,
- (a) there has been a material change in the circumstances of the insured;
 - (b) evidence not available on the arbitration or appeal has become available; or
 - (c) there is an error in the order,
- the Director or arbitrator may,
- (d) vary the order, or
 - (e) revoke the order, and

(f) make a new order if he or she considers it advisable to do so.

40.2 An order may be prospective or retroactive.

40.3 The order may contain an award to the insured person for expenses incurred by the insured person in respect of the variation/revocation proceeding as set out in Schedule 1 to this Code.

PART E - STATED CASE

- 41.1 The Director, under subsection 242g (1) of the Insurance Act, may state a case in writing for the opinion of the Divisional Court upon any question that, in his or her opinion, is a question of law.

PART F - MISCELLANEOUS

42. General

- 42.1 Under section 242a of the Insurance Act:

- (a) disputes in respect of any insured's person entitlement to no-fault benefits or in respect of the amount of no-fault benefits to which an insured person is entitled shall be resolved in accordance with sections 242b to 242e and the No-Fault Benefits Schedule;
- (b) any restriction on a party's right to mediate, litigate, arbitrate, appeal or apply to vary/revoke an order as provided in sections 242g to 242f is void except where the restriction forms part of a settlement; and
- (c) the mediator, arbitrator or Director, as the case may be, may adjourn the proceeding, with or without conditions, if the representative of the insurer or insured person is not authorized to bind the party he or she represents.

- 42.2 No proceeding is invalid by reason only of a defect in form or other technical irregularity.

- 42.3 The Director or arbitrator, as the case may be, may, upon such terms as he or she considers advisable, extend or abridge the time set out in this Code for doing any act, serving any notice, filing any report, document or paper or holding any proceeding.

- 42.4 Unless otherwise indicated, where time frames are set out in this Code, the reference to days is to calendar days, and holidays and weekends are to be included.

- 42.5 Where matters are not provided for in this Code, the practice shall be determined by analogy to them.

43. Service

- 43.1 Service means the effective delivery of a document to another person or the representative of the person if named.
- 43.2 A document may be served by personal delivery on the individual to be served, and service is effective on the same day as the delivery.
- 43.3 A document may be served by regular, registered or certified mail, and service is effective on the fifth (5th) day after the day on which the document is mailed.
- 43.4 A document may be served by courier service including Priority Post, and service is effective on the earlier of receipt, or on the second (2nd) day after the document is given to the courier by the party serving, whichever is sooner.
- 43.5 A document may be served on a person who participates in a exchange, and service is effective one day after the deposit if the document is date stamped in the presence of the person depositing the document.
- 43.6 (a) A document may be served by telephone transmission of a facsimile of the document, and service is effective on the day in which the document is transmitted.
- (b) A document that is served by telephone transmission shall include a cover page indicating,
- (i) the sender's name, address, and telephone number;
 - (ii) the name of the individual to be served;
 - (iii) the date and time the document is transmitted;
 - (iv) the total number of pages transmitted including the cover page;
 - (v) the telephone number from which the document is transmitted; and
 - (vi) the name and telephone number of a person to contact in the event of a transmission problem.
- 43.7 A document may be served by any other manner specified by the Director, and service is effective within the time frames specified by the Director.
- 43.8 A document that is served after 5:00 p.m. shall be deemed to have been served on the next weekday that is not a weekend or statutory holiday, in which case delivery is deemed to have been made on the next working day.
- 43.9 Where a document is deemed because of this Code to be served on a given day, the time allotted to the receiving party begins on the next working day.

44. Proof of Service

- 44.1 (a) Where proof of service is required to be filed with the Commission, the person responsible for serving the document shall make a **Statement of Service** and file it with the Commission.
- (b) The **Statement of Service** shall be in Form 10.
- 44.2 Where proof of the service of a summons and payment or tender of fees or allowances is required to be filed with the Commission under Section 45.3, the person responsible for serving the summons shall make an **Affidavit of Service** and file it with the Commission.

45. Filing

- 45.1 Filing means the effective delivery of a document to the Commission.
- 45.2 Where this Code requires a document to be filed with the Commission, the same methods of delivery as exist for service may be used, and within the same time frames.
- 45.3 The Commission is not a member of a document exchange.
- 45.4 Where this Code requires payment of monies, a cheque or money order shall be made payable to the Treasurer of Ontario.

46. Summons

- 46.1 (a) The Director or arbitrator may require a person by summons,
- (i) to attend at a hearing and to give evidence on oath or otherwise, and
 - (ii) to produce in evidence at a hearing documents, records and things specified in the summons.
- (b) A **Summons** shall be in Form 11.
- 46.2 The party requesting the summons from the Director or arbitrator shall ensure,
- (a) that it is served personally on the person summoned in accordance with the requirements of the summons; and
 - (b) that the person summoned is paid the same fees and allowances for attendance as are paid for the attendance of a witness summoned to attend before the Supreme Court of Ontario.

- 46.3 The person who served the summons must file with the Commission proof of the service of the summons and that a sufficient sum for the fees and allowances has been paid or tendered to the person summoned.

47. Transcript

- 47.1 Where a party wishes a transcript of the proceedings, such party shall inform the other parties of such intent, make the necessary arrangements, and pay the cost of the transcript directly to the person or agency making such record.
- 47.2 Where the insurer orders the transcript, it shall provide a copy of the transcript to the insured person and to the Commission without charge.

48. Language Services

- 48.1 A person, under the French Language Services Act, 1986, has the right to communicate in French with, and to receive available services in French from, the Commission.
- 48.2 (a) The Director or an arbitrator may provide interpretation services at an oral hearing.
- (b) Where interpretation services are being provided, a person may be summoned to attend the hearing and, before acting, shall make an oath or affirm that he or she will truly and faithfully translate the evidence.

PART G - FINANCING

- 49.1 The expenses and expenditures for the dispute resolution system shall be paid by insurers as prescribed in any regulations made under section 6h of the Insurance Act.

Schedule 1 to the Dispute Resolution Practice Code

Expenses

1. The filing fees paid by the insured person when applying for arbitration, appealing an arbitration order or applying to vary or revoke an arbitration order or an order of the Director may be awarded.

2.- (1) The legal fees payable by the insured person for the following matters may be awarded:

1. For all services performed before a hearing.
2. For the preparation for an arbitration, an appeal or a variation/revocation hearing.
3. For attendance at an arbitration, an appeal or a variation/revocation hearing.

(2) The maximum amount that may be awarded for legal fees is the amount calculated using the hourly rates established under the Legal Aid Act for professional services in civil matters before the Supreme Court of Ontario.

(3) For the purposes of subsection (2), the hourly rate may be adjusted to include, in appropriate circumstances, the experience allowance established under the Legal Aid Act for more experienced solicitors.

3. -(1) Agent fees payable by the insured person for the following matters may be awarded:

1. For the preparation for an arbitration, an appeal or a variation/revocation hearing.
2. For attendance at an arbitration, an appeal or a variation/revocation hearing.

(2) The maximum amount that may be awarded for agent fees is the amount calculated using the hourly rates established under the Legal Aid Act for law clerks, articling students and investigators.

4. The amount of the following disbursements made by or on behalf of the insured person may be awarded:

1. For long distance telephone, facsimile and other telecommunication charges.
2. For typing, printing and reproducing copies of documents.
3. For the delivery, by mail or courier, of items relating to the arbitration, appeal or variation/revocation proceeding.
4. For other out-of-pocket expenses incurred in furtherance of the arbitration, appeal or variation/revocation proceeding.

5.- (1) The amount of the following witness fees paid by or on behalf of the insured person may be awarded:

1. For the attendance of witnesses, in accordance with subsection (2).
2. For the attendance of an expert witness who gives opinion evidence at an arbitration, appeal or variation/revocation hearing or whose attendance is necessary, in accordance with subsection (3).
3. For a report prepared by an expert, provided to the other parties to an arbitration, appeal or variation/revocation hearing and necessary for the conduct of the hearing, in accordance with subsection (4).

(2) The maximum amount that may be awarded for the attendance of a witness is the amount of the attendance allowance for the witness that may be allowed under Rule 58.06 of the Rules of the Civil Procedure as a disbursement.

(3) The maximum amount that may be awarded for the attendance of an expert witness is \$200 per hour of attendance, up to a maximum of \$1600 per day.

(4) The maximum amount that may be awarded for a report prepared by an expert is \$800.

6.- (1) The amount of the following expenses made by or on behalf of the insured person, his or her attendant, if one is required, his or her lawyer and his or her agent may be awarded:

1. For travelling expenses, in accordance with subsection (2).
2. For overnight accommodation and meals, in accordance with subsection (3).

(2) The maximum amount of travelling expenses that may be awarded for a person,

- (a) for an arbitration, appeal or variation/revocation hearing that takes place in the municipality in which the person resides, is the amount incurred by the person for each day of his or her necessary attendance at the hearing;
- (b) for an arbitration, appeal or variation/revocation hearing that takes place outside the municipality in which the person resides and within 300 kilometres of his or her residence, is the lesser of,
 - (i) 30 cents per kilometre for one return trip between the person's residence and the place in which the hearing takes place, or
 - (ii) the amount incurred by the person;
- (c) for an arbitration, appeal or variation/revocation hearing that takes place 300 or more kilometres from the person's residence, is the lesser of,
 - (i) the amount of the return economy airfare for the person plus 30 cents per kilometre for one return trip between his or her residence and the airport and for one return trip between the airport and the place of the hearing, or
 - (ii) the amount incurred by the person.

(3) The maximum amount that may be awarded for overnight expenses and meals is \$150 per night for each overnight stay required for the person.

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Ontario
Insurance
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5 Park Home Avenue
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M2N 6L4

Mailing Address
Ontario Insurance Commission
Dispute Resolution Group
699 Sheppard Avenue East
Station "B"
Box 8500
Willowdale, Ontario
M2K 2R6

Ontario Automobile Insurance Application for Appointment of a Mediator

(Do not write in shaded areas)

Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.
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1 Insured Person								
<input type="checkbox"/> Mr. Last Name			First Name			Middle Initial		
<input type="checkbox"/> Mrs.								
<input type="checkbox"/> Ms.								
Street Address			P.O. Box or Rural Route No.			Apt.		
City, Town, Village			Province or State			Country		Postal / Zip Code
Area Code - Home Telephone No.			Area Code - Work Telephone No.			Language Preferred <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify)		
What is the best way to reach you?			<input type="checkbox"/> by telephone <input type="checkbox"/> other (specify):			Days Available		
			<input type="checkbox"/> at home <input type="checkbox"/> at work <input type="checkbox"/> other place (specify):			between the hours of: a.m. and a.m. p.m. and p.m.		

2 Representative of Insured Person (if known)								
Representing the Insured Person as <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Lawyer <input type="checkbox"/> Executor, Administrator or Trustee <input type="checkbox"/> Other - specify:								
<input type="checkbox"/> Mr. Last Name			First Name			Mid. Init.		
<input type="checkbox"/> Mrs.						Area Code - Telephone No.		
<input type="checkbox"/> Ms.								
Name of Firm/Organization						Area Code - Fax No.		
Street Address						File Reference No.		
P.O. Box or Rural Route No.								
City, Town, Village			Province or State			Country		Postal / Zip Code

3 Insurer								
Name of Insurer						Area Code - Telephone No.		
Street Address						Area Code - Fax No.		
P.O. Box, or Rural Route No.								
City, Town, Village			Province or State			Country		Postal / Zip Code
Insurer No.		Claim No.		Name of Policyholder			Policy No. Claiming Under	

4 Representative of Insurer (if known)								
<input type="checkbox"/> Mr. Last Name			First Name			Mid. Init.		
<input type="checkbox"/> Mrs.						Area Code - Telephone No.		
<input type="checkbox"/> Ms.								
Name of Firm/Organization						Position		
Street Address						File Reference No.		
P.O. Box or Rural Route No.								
City, Town, Village			Province or State			Country		Postal / Zip Code

5

Identity of Applicant and Description of Dispute

Application for Appointment of a Mediator made on behalf of

☐ Insured Person
I wish to dispute the insurer's assessment of my entitlement to the following no-fault benefits.

or

☐ Insurer
The insurer wishes to dispute the insured person's entitlement to the following no-fault benefits.

Please indicate the no-fault benefit you are referring to and provide reasons for the application in the space provided below.

☐ Weekly Income Benefits

☐ Weekly Childcare Benefits

☐ Supplementary Medical and Rehabilitation Benefits

☐ Care Benefits

☐ Funeral Expenses

☐ Death Benefits

☐ Interest on Overdue Payments

Signature of Applicant or Representative	Name of Person Signing (Please Print)	Date
		YearMonthDay

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Ontario
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5 Park Home Avenue
4th Floor
North York, Ontario
M2N 6L4

Mailing Address

Ontario Insurance Commission
Dispute Resolution Group
699 Sheppard Avenue East
Station "B"
Box 8500
Willowdale, Ontario
M2K 2R6

Ontario Automobile Insurance Report of Mediator

Date of Incident	Year	Month	Day	Date Issued by Mediator	Year	Month	Day	Commission File No.

1 Mediator

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
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Dates Mediation Conducted

2 Insured Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
---	-----------	------------	----------------

Street Address P.O. Box or Rural Route No. Apt.

City, Town, Village Province or State Country Postal / Zip Code

3 Representative of Insured Person (if any)

Representing the Insured Person as

☐ Parent ☐ Guardian ☐ Lawyer ☐ Executor, Administrator or Trustee ☐ Other - specify:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.	Area Code - Telephone No.
---	-----------	------------	------------	---------------------------

Name of Firm/Organization Area Code - Fax No.

Street Address P.O. Box or Rural Route No. File Reference No.

City, Town, Village Province or State Country Postal / Zip Code

4 Insurer

Name of Insurer Area Code - Telephone No.

Street Address P.O. Box, or Rural Route No. Area Code - Fax No.

City, Town, Village Province or State Country Postal / Zip Code

Insurer No. Claim No. Name of Policyholder Policy No. Claiming Under

5 Representative of Insurer

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.	Area Code - Telephone No.
---	-----------	------------	------------	---------------------------

Name of Firm/Organization Position Area Code - Fax No.

Street Address P.O. Box or Rural Route No. File Reference No.

City, Town, Village Province or State Country Postal / Zip Code

6	Issues Settled
---	----------------

☐ The following issues have been settled:

No-Fault Benefit	Amount Per Week (\$)	For the Period					
		Year	From Month	Day	Year	To Month	Day
<input type="checkbox"/> Weekly Income Benefits							
<input type="checkbox"/> Weekly Childcare Benefits							
No-Fault Benefit	Amount	Details					
<input type="checkbox"/> Supplementary Medical and Rehabilitation Benefits							
<input type="checkbox"/> Care Benefits							
<input type="checkbox"/> Funeral Expenses							
<input type="checkbox"/> Death Benefits							
<input type="checkbox"/> Interest							

Explanation

7	Issues Remaining in Dispute
---	-----------------------------

I have concluded that the following issues remain in dispute.

☐ **Weekly Income Benefits**

☐ **Weekly Childcare Benefits**

☐ **Supplementary Medical and Rehabilitation Benefits**

7

Issues Remaining in Dispute (continued)

☐ Care Benefits

☐ Funeral Expenses

☐ Death Benefits

☐ Interest on Overdue Payments

8

Insurer's Last Offer

☐ The insurer's last offer is indicated below.

No-Fault Benefit	Amount Per Week (\$)	For the Period					
		Year	From Month	Day	Year	To Month	Day
<input type="checkbox"/> Weekly Income Benefits							
<input type="checkbox"/> Weekly Childcare Benefits							

No-Fault Benefit	Amount	Details
<input type="checkbox"/> Supplementary Medical and Rehabilitation Benefits		
<input type="checkbox"/> Care Benefits		
<input type="checkbox"/> Funeral Expenses		
<input type="checkbox"/> Death Benefits		
<input type="checkbox"/> Interest		

Signature of Mediator

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M2K 2R6

Ontario Automobile Insurance Confirmation of Settlement

(Do not write in shaded areas)

Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.

1 Insured Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
Street Address		P.O. Box or Rural Route No.	Apt.
City, Town, Village		Province or State	Country
			Postal / Zip Code

2 Representative of Insured Person (if any)

Representing the Insured Person as			
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Executor, Administrator or Trustee
<input type="checkbox"/> Other - specify:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.
			Area Code - Telephone No.
Name of Firm/Organization		Area Code - Fax No.	
Street Address		P.O. Box or Rural Route No.	File Reference No.
City, Town, Village		Province or State	Country
			Postal / Zip Code

3 Insurer

Name of Insurer			
Insurer No.	Claim No.	Name of Policyholder	Policy No. Claiming Under
4 Representative of Insurer			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.
			Area Code - Telephone No.
Name of Firm/Organization		Position	Area Code - Fax No.
Street Address		P.O. Box or Rural Route No.	File Reference No.
City, Town, Village		Province or State	Country
			Postal / Zip Code

5 Confirmation

Confirmation made by or on behalf of: ☐ Insured Person ☐ Insurer

I confirm that the terms of settlement between the insured person and the insurer in respect of no-fault benefits are accurately set out under item 6, "Issues Settled", in the Report of Mediator, dated _____

by _____
Mediator

Signature	Name of Person Signing (Please Print)	Date	Year	Month	Day

Personal information requested on this form is collected under the authority of the **Insurance Act**, R.S.O. 1980, c. 218, as amended. This information will be used in the dispute resolution process for no-fault accident benefits. This information will be available to all parties to a proceeding. Any questions about this collection may be directed to the Office of the Director of Arbitrations.



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M2K 2R6

Ontario Automobile Insurance Application for Appointment of an Arbitrator

(Do not write in shaded areas)

Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.

1 Insured Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
Street Address		P.O. Box or Rural Route No.	Apt.
City, Town, Village		Province or State	Country
Area Code - Home Telephone No.		Area Code - Work Telephone No.	Language <input type="checkbox"/> English Preferred <input type="checkbox"/> French
			<input type="checkbox"/> Other (specify)

2 Representative of Insured Person (if any)
--

Representing the Insured Person as			
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Executor, Administrator or Trustee
<input type="checkbox"/> Other - specify:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.
Name of Firm/Organization		Area Code - Telephone No.	
Street Address		Area Code - Fax No.	
P.O. Box or Rural Route No.		File Reference No.	
City, Town, Village		Province or State	Country
			Postal / Zip Code

3 Insurer

Name of Insurer			
Street Address No.			
P.O. Box, or Rural Route No.			
City, Town, Village		Province or State	Country
			Postal / Zip Code
Insurer No.	Claim No.	Name of Policyholder	Policy No. Claiming Under

4 Representative of Insurer (if known)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.	Area Code - Telephone No.
Name of Firm/Organization		Position	Area Code - Fax No.	
Street Address		File Reference No.		
P.O. Box or Rural Route No.				
City, Town, Village		Province or State	Country	Postal / Zip Code

5	Description of Dispute
---	------------------------

I wish to dispute the insurer's position respecting the following no-fault benefits.

(Please indicate the benefit you believe you are entitled to, your reasons for contesting the insurer's position and the remedy you are seeking. You may respond to issues set out in the Report of Mediator.)

☐ **Weekly Income Benefits**

☐ **Weekly Childcare Benefits**

☐ **Supplementary Medical and Rehabilitation Benefits**

☐ **Care Benefits**

☐ **Funeral Expenses**

☐ **Death Benefits**

☐ **Interest on Overdue Payments**

Do you wish the hearing to be conducted in French?

☐ Yes ☐ No

Do you require an interpreter to be present at the hearing, if one is held? If yes, indicate language below.

☐ Yes ☐ No

Do you require services for the visually or hearing impaired or for other disabilities? ☐ Yes ☐ No

If Yes to above, briefly describe your requirements

Signature of Applicant or Representative

Name of Person Signing (Please Print)

Date

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Ontario
Insurance
Commission

5 Park Home Avenue
4th Floor
North York, Ontario
M2N 6L4

Mailing Address
Ontario Insurance Commission
Dispute Resolution Group
699 Sheppard Avenue East
Station "B"
Box 8500
Willowdale, Ontario
M2K 2R6

Ontario Automobile Insurance Response by Insurer

(Do not write in shaded areas)

Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.

1 Insured Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
Street Address		P.O. Box or Rural Route No.	
		Apt.	

City, Town, Village	Province or State	Country	Postal / Zip Code

2 Insurer

Name of Insurer			
Insurer No.	Claim No.	Name of Policyholder	Policy No. Claiming Under

3 Representative of Insurer

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Mid. Init.	Area Code - Telephone No.
Name of Firm/Organization		Position	Area Code - Fax No.	
Street Address		P.O. Box or Rural Route No.		File Reference No.
City, Town, Village	Province or State	Country	Postal / Zip Code	

4 Response by Insurer

(Please respond briefly to each issue raised in the Application for Appointment of an Arbitrator, give reasons for your continuing denial of no-fault benefits and describe the remedy you are seeking; also respond to issues set out in the Report of Mediator.)

☐ **Weekly Income Benefits**

☐ **Weekly Childcare Benefits**

☐ Supplementary Medical and Rehabilitation Benefits

☐ Care Benefits

☐ Funeral Expenses

☐ Death Benefits


☐ Interest on Overdue Payments

Do you wish to waive an oral hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish the hearing to be conducted in French?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require an interpreter to be present at the hearing, if one is held? (If yes, indicate language below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require services for the visually or hearing impaired or for other disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	---	--	---	---	---	---	---

If Yes to above, briefly describe your requirements

Signature of Insurer Representative	Name of Person Signing (Please Print)	Date
		YearMonthDay

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	Ontario Insurance Commission 5 Park Home Avenue 4th Floor North York, Ontario M2N 6L4	Mailing Address Ontario Insurance Commission Dispute Resolution Group 699 Sheppard Avenue East Station "B" Box 8500 Willowdale, Ontario M2K 2R6	<h2 style="margin: 0;">Ontario Automobile Insurance</h2> <h2 style="margin: 0;">Reply by Insured Person</h2> <p style="text-align: right; margin-top: 10px;">(Do not write in shaded areas)</p>					
Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.

1	Insured Person
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. </div> <div> First Name Middle Initial </div> </div>	
Street Address P.O. Box or Rural Route No. Apt.	
<div style="display: flex; justify-content: space-between;"> <div>City, Town, Village</div> <div>Province or State</div> <div>Country</div> <div>Postal / Zip Code</div> </div>	

2	Representative of Insured Person (if any)
Representing the Insured Person as <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Lawyer <input type="checkbox"/> Executor, Administrator or Trustee <input type="checkbox"/> Other - specify:	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. </div> <div> First Name Mid. Init. Area Code - Telephone No. </div> </div>	
Name of Firm/Organization Area Code - Fax No.	
Street Address P.O. Box or Rural Route No. File Reference No.	
<div style="display: flex; justify-content: space-between;"> <div>City, Town, Village</div> <div>Province or State</div> <div>Country</div> <div>Postal / Zip Code</div> </div>	

3	Insurer		
Name of Insurer			
Insurer No.	Claim No.	Name of Policyholder	Policy No. Claiming Under

4	Reply to Issues Responded to by Insurer
----------	--

(Please reply to each issue responded to by the insurer.)

☐ **Weekly Income Benefits**

☐ **Weekly Childcare Benefits**

☐

Supplementary Medical and Rehabilitation Benefits

☐

Care Benefits

☐

Funeral Expenses

☐

Death Benefits

☐

Interest on Overdue Payments


Do you wish to waive an oral hearing? ☐ Yes ☐ No

Signature of Insured Person or Representative

Name of Person Signing (Please Print)

Date
Year Month Day

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	Ontario Insurance Commission 5 Park Home Avenue 4th Floor North York, Ontario M2N 6L4	Mailing Address Ontario Insurance Commission Dispute Resolution Group 699 Sheppard Avenue East Station "B" Box 8500 Willowdale, Ontario M2K 2R6	<h2 style="margin: 0;">Ontario Automobile Insurance Notice of Appeal to Director of Arbitrations</h2> <p style="margin: 0;">(Do not write in shaded areas)</p>					
Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.

Appellant _____ **and Respondent(s)** _____

1 Appellant				
Name				Area Code - Home Telephone No.
Street Address P.O. Box or Rural Route No.				Area Code - Work Telephone No.
City, Town, Village	Province or State	Country	Postal / Zip Code	Area Code - Fax No.

2 Appellant's Representative (if any)				
Name				Area Code - Home Telephone No.
Street Address P.O. Box or Rural Route No.				Area Code - Work Telephone No.
City, Town, Village	Province or State	Country	Postal / Zip Code	Area Code - Fax No.

3 The Appeal

The Appellant Appeals to the Director of Arbitrations the Arbitration Order of _____ Arbitrator

dated _____ **under Commission File No.** _____

A copy of the Arbitration Order is attached.

4 Particulars

The Appellant appeals the decision(s) on the following no-fault benefits:

☐ Weekly Income Benefits
 ☐ Weekly Childcare Benefits
 ☐ Supplementary Medical and Rehabilitation Benefits
 ☐ Care Benefits
☐ Funeral Expenses
 ☐ Death Benefits
 ☐ Interest on Overdue Payments
 ☐ Lump Sum Award
☐ Award for Expenses

5 Reasons for Appeal

The reasons for the appeal are as follows:

6 Remedy Sought

The remedy sought is as follows:

7 Documents

The Appellant relies on the following documents for the appeal (list the documents):

8 Stay of Arbitration Order

☐ **The Appellant Asks for a stay of the Arbitration Order.**

The reasons supporting the request for a stay are as follows:

9 Oral Rehearing

☐ **The Appellant Asks for an oral rehearing of the appeal.**

The reasons supporting the request for an oral rehearing are as follows:

Signature of Appellant or Representative

Please Print Name of Person Signing

Date

Year


Month

Day

To Respondent(s):

10 Notes

1. If you wish to oppose this Appeal, you must file with the Commission and serve on the Appellant and any other parties a **Response to Appeal within 10 days** of being served with this Notice. You must also file and serve all the materials and submissions that you intend to rely upon for the appeal *within 15 days* of receiving the Appellant's materials and submissions.
2. If you fail to file your Response or your materials and submissions, the Director may proceed with the appeal without further notice to you.

	<p>Ontario Insurance Commission</p> <p>5 Park Home Avenue 4th Floor North York, Ontario M2N 6L4</p>	<p>Mailing Address</p> <p>Ontario Insurance Commission Dispute Resolution Group 699 Sheppard Avenue East Station "B" Box 8500 Willowdale, Ontario M2K 2R6</p>	<h2 style="margin: 0;">Ontario Automobile Insurance Application for Intervention in an Appeal to Director of Arbitrations</h2> <p style="margin-top: 10px;">(Do not write in shaded areas)</p>
<p>Date of Incident</p>	<p>Year Month Day</p>	<p>Date Received by Commission</p>	<p>Year Month Day</p>
<p>Commission File No.</p>			

1 Applicant				
Name			Area Code - Home Telephone No.	
Street Address P.O. Box or Rural Route No.			Area Code - Work Telephone No.	
City, Town, Village	Province or State	Country	Postal / Zip Code	Area Code - Fax No.

2 Applicant's Representative (if any)				
Name			Area Code - Home Telephone No.	
Street Address P.O. Box or Rural Route No.			Area Code - Fax No.	
City, Town, Village		Province or State	Country	Postal / Zip Code

3	The Application
---	-----------------

Appellant _____ and **Respondent(s)** _____

_____ dated _____ under Commission File No. _____ .
Arbitrator

4	Particulars
---	-------------

[illegible]

5	Reasons for Application
---	-------------------------

The reasons the Applicant seeks to participate to make submissions on the issues of law (set out above) are as follows:

6	Documents
---	-----------

[illegible]

Copies of the documents are attached to this Application.

Signature of Applicant or Representative

Please Print Name of Person Signing

Date		
Year	Month	Day

Day

To: Appellant _____ and Respondent(s): _____

7	Note
---	------

If you wish to support or object to this Application for Intervention, you must file with the Commission and serve on the Applicant and any other parties your **Comments** to the Application *within 3 days* of being served with this Application.

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M2K 2R6

Ontario Automobile Insurance Application for Variation/Revocation to Director of Arbitrations

(Do not write in shaded areas)

Date of Incident	Year	Month	Day	Date Received by Commission	Year	Month	Day	Commission File No.

Applicant _____ and **Respondent(s)** _____

1 Applicant				
Name				Area Code - Telephone No.
Street Address P.O. Box or Rural Route No.				Area Code - Work Telephone No.
City, Town, Village	Province or State	Country	Postal / Zip Code	Area Code - Fax No.

2 Applicant's Representative (if any)				
<input type="checkbox"/> Mr.	Last Name	First Name	Mid. Init.	Area Code - Telephone No.
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				
Street Address P.O. Box or Rural Route No.				Area Code - Fax No.
City, Town, Village	Province or State	Country	Postal / Zip Code	

3 The Application

The Applicant Seeks from the Director of Arbitrations a Variation/Revocation of the Arbitration Order of

_____ dated _____ under Commission File Number _____.

Arbitrator

A copy of the Arbitration Order is attached.

4 Particulars

The Applicant seeks a variation/revocation of the decision(s) on the following no-fault benefits:

- ☐ Weekly Income Benefits ☐ Weekly Childcare Benefits ☐ Supplementary Medical and Rehabilitation Benefits ☐ Care Benefits
- ☐ Funeral Expenses ☐ Death Benefits ☐ Interest on Overdue Payments ☐ Lump Sum Award
- ☐ Award for Expenses

5	Grounds for Variation/Revocation
---	----------------------------------

6	Remedy Sought
---	---------------

7	Documents
---	-----------

Signature of Applicant or Representative	Please Print Name of Person Signing	Date	Year	Month	Day

8	Notes
---	-------

1. If you wish to oppose this Application, you must file with the Commission and serve the Applicant and any other parties a **Response to the Application for Variation/Revocation** *within 10 days* of being served with this Application.
2. If you fail to file your Response, the Director may proceed with the application without further notice to you.



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Box 8500
Willowdale, Ontario
M2K 2R6

Ontario Automobile Insurance Statement of Service

(Do not write in shaded areas)

Date of Incident Year Month Day

Date Received by Commission Year Month Day

Commission File No.

1 Note

The purpose of this statement is to verify that a copy of a document was delivered to a party. A Statement of Service must be completed for every document served, for each party. Where proof of service of a Summons and payment or tender of fees or allowances is required to be filed with the Commission, the person responsible for serving shall file an **Affidavit of Service**. A copy of the facsimile cover transmission record, or the courier or postal receipt may be required as evidence to support this Statement.

2 Parties

Applicant _____ and **Respondent(s)** _____

3 Statement of Service

Acting on behalf of: ☐ Applicant ☐ Respondent _____
Name of Respondent

I, _____, _____, state that I served
Name of Person Who Served Position
_____, who represents _____
Name of Person Served Name of Party Served

4 Method of Service

What was served: ☐ Application ☐ Response ☐ Reply

☐ Report of an Expert Witness

☐ Other (specify) _____

Method of Service:

☐ Personal Delivery ☐ Courier (including Priority Post) ☐ Facsimile copier (FAX) ☐ Regular Mail

☐ Certified Mail ☐ Registered Mail ☐ Document Exchange

☐ Other (state method and time frame specified by the Director) _____

Name of Courier, Agent or Service Used

Time Document(s) Delivered / Sent

Date Year Month Day

☐ A.M. ☐ P.M.

Document(s) Delivered / Sent

If personal delivery, address where you served document(s)

Signature of Person Who Served

Date Year Month Day



Ontario
Insurance
Commission

5 Park Home Avenue
4th Floor
North York, Ontario
M2N 6L4

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Box 8500
Willowdale, Ontario
M2K 2R6

Ontario Automobile Insurance Summons to a Witness before _____

Insurance Act, R.S.O. 1980, c. 218

Date of Incident	Year	Month	Day	Date Issued	Year	Month	Day	Commission File No.

1 Parties

Applicant _____ and Respondent(s) _____

2 Summons to Witness

To:

<input type="checkbox"/> Mr.	Last Name of Witness	First Name	Middle Initial
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

Street Address P.O. Box or Rural Route No. Apt.

City, Town, Village	Province or State	Country	Postal / Zip Code
---------------------	-------------------	---------	-------------------

You are hereby summoned and required to attend before _____

at a proceeding to be held at _____

in the _____ of _____ on _____ day, the _____ day of

_____ 19 _____, at the hour of _____ o'clock in the _____ noon (local time),

and so from day to day until the hearing is concluded or the _____ otherwise orders,

to give evidence on oath touching the matters in question in the proceedings and to bring with you and produce at such time and place,

Ontario Insurance Commission
Office of the Director of Arbitrations

3 Notes

1. You are entitled to be paid the same personal allowances for your attendance at the hearing as are paid for the attendance of a witness summoned to attend before the Supreme Court of Ontario.
2. If you fail to attend and give evidence at the hearing, or to produce the documents or things specified, at the time and place specified, without lawful excuse, you are liable to punishment by the Supreme Court in the same manner as if for contempt of that court for disobedience to a subpoena.

